MULTIPLE DEPENDENT CLAIM FEE CAL ATION SHEET

(FOR USE WITH FORM PTO-875)



FILING DATE

CLAIMS

Ì	AS FILED		AFTER 1 AMENDMENT		AFTER 2 MAMENDMENT			AS FILED		AFTER I AMENDMENT		AFTEF 2 AMENDM	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	D
1		-			· · · ·		51						 -
2							52	ļ					
4		3					53	 					
5		4		 			54						
6	\neg			- / -			55	ļ					
7			1				56	 					_
8							57 58						
9				-			59						<u> </u>
10							60						<u> </u>
11							61		-			·	
12							62						<u> </u>
13							63						
14							64						 —
15					·		65						├
16			1				66						\vdash
17							67						_
18							68	\Box					_
19							69						
20							70	<u> </u>		I			
21							71						
23							72						
24							73						
25				-			74						
26							75 76					<u> </u>	
27							77						
28							78						
29							79						
30							80						
31							81						
32					7		82						
33							83						
34							84						
35							85						
36							86	— <u> </u>					
37							87						
38							88						
39. 40				——- <u> </u>			89 90	 -	 -				
41							91						
42							92	-+	-				
43					- 	 i	93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50 TAL IND.		I I	2	E			100 TOTAL IND.		I		1		-
TAL DEP		4	X	4		4	TOTAL DEP.		4		4		42
TOTAL LAIMS		2000	8				TOTAL CLAIMS			18			